

FILED* US Bankruptcy Court-UT
APR 3 2023 PM 2:29

Fill in this Information to identify the case:

| | | | |
|--|------------|-------------|-----------|
| Debtor 1 | First Name | Middle Name | Last Name |
| | Marie | Barbara | Lujan |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the District of Utah | | | |
| Case number: 19-20986 | | | |

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

| | |
|--|--|
| Amount: | 4507.61 |
| Claimant's Name: | Victor Castro Lujan |
| Claimant's Current Mailing Address, Telephone Number, and Email Address: | 8249 Trieste Court Antelope, Ca 95843 916 718-3184 lvic@hotmail.com |

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
 Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
 Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
 Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

| | | |
|--|-------------|-------------|
| Fill in this Information to identify the | | |
| Debtor 1 | First Name | Barbara |
| | Middle Name | Lujan |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name |
| | | Last Name |
| United States Bankruptcy Court for the District of Utah | | |
| Case number: <u>19-20986</u> | | |

NOTICE OF OBJECTION DEADLINE

PLEASE TAKE NOTICE that the attached Application to Pay Unclaimed Funds has been filed with the United States Bankruptcy Court for the District of Utah.

Right to Object. Any party in interest who objects to the Application for Payment of Unclaimed Funds being sought in this Application must, within twenty-one (21) days of the mailing of this Application, file an objection or other appropriate response to this Application with the:

**United States Bankruptcy Court
District of Utah
Room 301
350 South Main Street
Salt Lake City, UT 84101**

CERTIFICATE OF SERVICE BY MAIL OR OTHER MEANS

I hereby certify that on _____ (date), I caused to be served a true and correct copy of the foregoing Application for Payment of Unclaimed Funds and all attachments as follows:

| | |
|---|---|
| Office of the United States Attorney District of Utah 111 South Main Street, Suite 1800 Salt Lake City, UT 84111 | <input type="checkbox"/> By Mail: First-class U.S. mail, postage pre-paid <input type="checkbox"/> By Hand Delivery <input type="checkbox"/> By Other Means (Describe): _____ _____ _____ |
|---|---|

| | |
|---|--|
| Debtor Name: <u>Marie Barbara Lujan</u> Address: <u>1600 North 1575 West Apt. F. 101</u> <u>Layton, Utah 84051</u> <hr/> | <input type="checkbox"/> By Mail: First-class U.S. mail, postage pre-paid <input type="checkbox"/> By Hand Delivery <input type="checkbox"/> By Other Means (Describe): <hr/> <hr/> <hr/> |
| Debtor's Attorney Name: <u>George B. Hoffman, tr. IV</u> Address: <u>Cohne Kinghorn, P. C.</u> <u>111 East Broadway</u> <u>11th Floor</u> <u>Salt Lake City, Utah 84111</u> <hr/> | <input type="checkbox"/> By Mail: First-class U.S. mail, postage pre-paid <input type="checkbox"/> By Hand Delivery <input type="checkbox"/> By Other Means (Describe): <hr/> <hr/> <hr/> |
| If Claimant is not the original creditor or payee, the Individual or Entity for whom the funds were deposited: Name: <u>Victor C. Lujan</u> Address: <u>8249 Trieste Ct.</u> <u>Antelope, California 95843</u> <hr/> | <input type="checkbox"/> By Mail: First-class U.S. mail, postage pre-paid <input type="checkbox"/> By Hand Delivery <input type="checkbox"/> By Other Means (Describe): <hr/> <hr/> <hr/> |

Dated this 29 Day of March, 20 23.

Victor C. Lujan
Signature

Victor C. Lujan

Printed Name

Privacy Policy

Applicant shall redact only the following personal data identifiers from the Application and any supporting documentation attached to the Application before filing such documents: (i) all but the last four digits of a social security number or a tax ID number; (ii) all names of minor children (use minors' initials); (iii) all but the last four digits of any bank, savings, or similar account numbers; and (iv) all birth date information except the year.

The responsibility for redacting personal data identifiers rests solely with the filing party.

4. Notice to United States Attorney

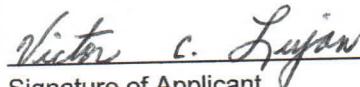
Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042 and attached a Certificate of Service to this application.

Office of the United States Attorney
for the District of Utah
111 South Main Street, Suite 1800
Salt Lake City, Utah 84111

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: March 29, 2023



Signature of Applicant

Victor C. Lujan

Printed Name of Applicant

Address: 8249 Trieste Ct.
Antelope, Ca 95843

Telephone: 916 718-3184

Email: lvic@hotmail.com

6. Notarization

STATE OF California

COUNTY OF Sacramento

This Application for Unclaimed Funds, dated 03-29-2023 was subscribed and sworn to before me this 29th day of March, 2023 by



who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public



My commission expires:

08-28-2026

See Attached

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by _____

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public _____

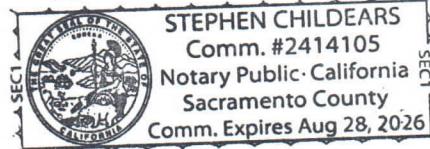
My commission expires:

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Sacramento

Subscribed and sworn to (or affirmed) before me on this 29th
day of March, 2023, by Victor Castro Lusan,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(Seal)

Signature

A handwritten signature in black ink, appearing to read "Stephen Childears".